State of Arizona House of Representatives Forty-fifth Legislature Second Regular Session 2002

CHAPIER 37

HOUSE BILL 2043

AN ACT

AMENDING SECTIONS 12-570 AND 32-1401, ARIZONA REVISED STATUTES; REPEALING SECTION 41-3002.21, ARIZONA REVISED STATUTES; AMENDING TITLE 41, CHAPTER 27, ARTICLE 2, ARIZONA REVISED STATUTES, BY ADDING SECTION 41-3012.01; RELATING TO THE ALLOPATHIC BOARD OF MEDICAL EXAMINERS.

(TEXT OF BILL BEGINS ON NEXT PAGE)

- i -

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Be it enacted by the Legislature of the State of Arizona:

Section 1. Section 12-570, Arizona Revised Statutes, is amended to read:

12-570. Malpractice settlement or award reporting; civil penalty; definition

- A. If a medical malpractice action is settled or a court enters a monetary judgment,: the plaintiff's attorney and
- 1. The professional liability insurers shall provide the defendant's health profession regulatory board with ALL INFORMATION REQUIRED TO BE FILED WITH THE NATIONAL PRACTITIONER DATA BANK PURSUANT TO PUBLIC LAW 99-660.
- 2. THE PLAINTIFF'S ATTORNEY SHALL PROVIDE THE DEFENDANT'S HEALTH PROFESSION REGULATORY BOARD WITH the notice required under subsection B of this section, a copy of the complaint and a copy of either the agreed terms of settlement or the judgment. The attorney shall provide this notice and these documents within thirty days after a settlement is reached or a judgment is entered. For the purposes of this subsection, "health profession regulatory board" has the same meaning prescribed in section 32-3201.
- B. The notice required by subsection A of this section shall contain the following information:
 - 1. The name and address of each defendant.
 - 2. The name, DATE OF BIRTH and address of each plaintiff.
 - 3. The date and location of the occurrence which created the claim.
- 4. A statement specifying the nature of the occurrence resulting in the malpractice action.
- 5. A copy of all expert witness depositions, a transcript of all expert witness court testimony or a written evaluation of the case by an expert witness. A professional liability insurer is not responsible for providing the information required by this paragraph.
- C. The notice required by subsection A of this section is not discoverable and not admissible as evidence.
- D. An attorney who does not supply the information required by subsections A and B of this section within thirty days after the notice of settlement or judgment is due under subsection A of this section is subject to a civil penalty of five hundred dollars.
- E. A CONFIDENTIALITY CLAUSE IN A SETTLEMENT AGREEMENT DOES NOT APPLY TO THE REPORTING REQUIREMENTS OF THIS SECTION.
- F. FOR THE PURPOSES OF THIS SECTION, "HEALTH PROFESSION REGULATORY BOARD" HAS THE SAME MEANING PRESCRIBED IN SECTION 32-3201.
 - Sec. 2. Section 32-1401, Arizona Revised Statutes, is amended to read: 32-1401. <u>Definitions</u>

In this chapter, unless the context otherwise requires:

- 1. "Active license" means a valid and existing license to practice medicine.
- 2. "Adequate records" means legible medical records containing, at a minimum, sufficient information to identify the patient, support the

- 1 -

diagnosis, justify the treatment, accurately document the results, indicate advice and cautionary warnings provided to the patient and provide sufficient information for another practitioner to assume continuity of the patient's care at any point in the course of treatment.

- 3. "Advisory letter" means a nondisciplinary letter to notify a licensee that EITHER:
- (a) While there is insufficient evidence to support disciplinary action the board believes that continuation of the activities that led to the investigation may result in further board action against the licensee.
- (b) THE VIOLATION IS A MINOR OR TECHNICAL VIOLATION THAT IS NOT OF SUFFICIENT MERIT TO WARRANT DISCIPLINARY ACTION.
- (c) WHILE THE LICENSEE HAS DEMONSTRATED SUBSTANTIAL COMPLIANCE THROUGH REHABILITATION OR REMEDIATION THAT HAS MITIGATED THE NEED FOR DISCIPLINARY ACTION, THE BOARD BELIEVES THAT REPETITION OF THE ACTIVITIES THAT LED TO THE INVESTIGATION MAY RESULT IN FURTHER BOARD ACTION AGAINST THE LICENSEE.
- 4. "Approved hospital internship, residency or clinical fellowship program" means a program at a hospital that at the time the training occurred was legally incorporated and that had a program that was approved for internship, fellowship or residency training by the accreditation council for graduate medical education, the association of American medical colleges, the royal college of physicians and surgeons of Canada or any similar body in the United States or Canada approved by the board whose function is that of approving hospitals for internship, fellowship or residency training.
- 5. "Approved school of medicine" means any school or college offering a course of study that, on successful completion, results in the degree of doctor of medicine and whose course of study has been approved or accredited by an educational or professional association, recognized by the board, including the association of American medical colleges, the association of Canadian medical colleges or the American medical association.
- 6. "Board" means the allopathic board of medical examiners of the state of Arizona.
- 7. "Completed application" means that the applicant has supplied all required fees, information and correspondence requested by the board on forms and in a manner acceptable to the board.
- 8. "Direct supervision" means that a physician, physician assistant licensed pursuant to chapter 25 of this title or nurse practitioner certified pursuant to chapter 15 of this title is within the same room or office suite as the medical assistant in order to be available for consultation regarding those tasks the medical assistant performs pursuant to section 32-1456.
- 9. "Dispense" means the delivery by a doctor of medicine of a prescription drug or device to a patient, except for samples packaged for individual use by licensed manufacturers or repackagers of drugs, and includes the prescribing, administering, packaging, labeling and security necessary to prepare and safeguard the drug or device for delivery.

- 2 -

- 10. "Doctor of medicine" means a natural person holding a license, registration or permit to practice medicine pursuant to this chapter.
- 11. "Full-time faculty member" means a physician employed full time as a faculty member while holding the academic position of assistant professor or a higher position at an approved school of medicine.
- 12. "Health care institution" means any facility as defined in section 36-401, any person authorized to transact disability insurance, as defined in title 20, chapter 6, article 4 or 5, any person who is issued a certificate of authority pursuant to title 20, chapter 4, article 9 or any other partnership, association or corporation that provides health care to consumers.
- 13. "Immediate family" means the spouse, natural or adopted children, father, mother, brothers and sisters of the doctor and the natural or adopted children, father, mother, brothers and sisters of the doctor's spouse.
- 14. "Joint board" means the joint board on the regulation of physician assistants established pursuant to chapter 25 of this title.
- 15. "Letter of reprimand" means a disciplinary letter that is issued by the board and that informs the physician that the physician's conduct violates state or federal law and may require the board to monitor the physician.
- 16. "Medical assistant" means an unlicensed person who meets the requirements of section 32-1456, has completed an education program approved by the board, assists in a medical practice under the supervision of a doctor of medicine, physician assistant or nurse practitioner and performs delegated procedures commensurate with the assistant's education and training but does not diagnose, interpret, design or modify established treatment programs or perform any functions that would violate any statute applicable to the practice of medicine.
 - 17. "Medical peer review" means:
- (a) The participation by a doctor of medicine in the review and evaluation of the medical management of a patient and the use of resources for patient care.
- (b) Activities relating to a health care institution's decision to grant or continue privileges to practice at that institution.
- 18. "Medically incompetent" means a person who the board determines is incompetent based on a variety of factors including:
- (a) A lack of sufficient medical knowledge or skills, or both, to a degree likely to endanger the health of patients.
- (b) When considered with other indications of medical incompetence, failing to obtain a scaled score of at least seventy-five per cent on the written special purpose licensing examination administered by the board.
- 19. "Medicine" means allopathic medicine as practiced by the recipient of a degree of doctor of medicine.
- 20. "Physician" means a doctor of medicine licensed pursuant to this chapter.

- 3 -

- 21. "Practice of medicine" means the diagnosis, the treatment or the correction of or the attempt or the holding of oneself out as being able to diagnose, treat or correct any and all human diseases, injuries, ailments, infirmities, deformities, physical or mental, real or imaginary, by any means, methods, devices or instrumentalities, except as the same may be among the acts or persons not affected by this chapter. The practice of medicine includes the practice of medicine alone or the practice of surgery alone, or both.
- 22. "Special purpose licensing examination" means an examination developed by the national board of medical examiners on behalf of the federation of state medical boards for use by state licensing boards to test the basic medical competence of physicians who are applying for licensure and who have been in practice for a considerable period of time in another jurisdiction and to determine the competence of a physician under investigation by a state licensing board.
- 23. "Teaching hospital's accredited graduate medical education program" means that the hospital is incorporated and has an internship, fellowship or residency training program that is accredited by the accreditation council for graduate medical education, the American medical association, the association of American medical colleges, the royal college of physicians and surgeons of Canada or a similar body in the United States or Canada approved by the board whose function is that of approving hospitals for internship, fellowship or residency training.
- 24. "Teaching license" means a valid license to practice medicine as a full-time faculty member of an approved school of medicine or a teaching hospital's accredited graduate medical education program.
- 25. "Unprofessional conduct" includes the following, whether occurring in this state or elsewhere:
- (a) Violating any federal or state laws or rules and regulations applicable to the practice of medicine.
- (b) Intentionally disclosing a professional secret or intentionally disclosing a privileged communication except as either act may otherwise be required by law.
- (c) False, fraudulent, deceptive or misleading advertising by a doctor of medicine or the doctor's staff, employer or representative.
- (d) Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case, conviction by any court of competent jurisdiction or a plea of no contest is conclusive evidence of the commission.
 - (e) Failing or refusing to maintain adequate records on a patient.
- (f) Habitual intemperance in the use of alcohol or habitual substance abuse.
- (g) Using controlled substances except if prescribed by another physician for use during a prescribed course of treatment.

- 4 -

- (h) Prescribing or dispensing controlled substances to members of the physician's immediate family.
- (i) Prescribing, dispensing or administering schedule II controlled substances as defined in section 36-2513 including amphetamines and similar schedule II sympathomimetic drugs in the treatment of exogenous obesity for a period in excess of thirty days in any one year, or the non-therapeutic use of injectable amphetamines.
- (j) Prescribing, dispensing or administering any controlled substance or prescription-only drug for other than accepted therapeutic purposes.
 - (k) Signing a blank, undated or predated prescription form.
- (1) Conduct that the board determines is gross malpractice, repeated malpractice or any malpractice resulting in the death of a patient.
- (m) Representing that a manifestly incurable disease or infirmity can be permanently cured, or that any disease, ailment or infirmity can be cured by a secret method, procedure, treatment, medicine or device, if such is not the fact.
- (n) Refusing to divulge to the board on demand the means, method, procedure, modality of treatment or medicine used in the treatment of a disease, injury, ailment or infirmity.
- (o) Action that is taken against a doctor of medicine by another licensing or regulatory jurisdiction due to that doctor's mental or physical inability to engage safely in the practice of medicine, the doctor's medical incompetence or for unprofessional conduct as defined by that jurisdiction and that corresponds directly or indirectly to an act of unprofessional conduct prescribed by this paragraph. The action taken may include refusing, denying, revoking or suspending a license by that jurisdiction or a surrendering of a license to that jurisdiction, otherwise limiting, restricting or monitoring a licensee by that jurisdiction or placing a licensee on probation by that jurisdiction.
- (p) Sanctions imposed by an agency of the federal government, including restricting, suspending, limiting or removing a person from the practice of medicine or restricting that person's ability to obtain financial remuneration,
- (q) Any conduct or practice that is or might be harmful or dangerous to the health of the patient or the public.
- (r) Violating a formal order, probation, consent agreement or stipulation issued or entered into by the board or its executive director under the provisions of this chapter.
- (s) Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision of this chapter.

- 5 -

- (t) Knowingly making any false or fraudulent statement, written or oral, in connection with the practice of medicine or if applying for privileges or renewing an application for privileges at a health care institution.
- (u) Charging a fee for services not rendered or dividing a professional fee for patient referrals among health care providers or health care institutions or between these providers and institutions or a contractual arrangement that has the same effect.
 - (v) Obtaining a fee by fraud, deceit or misrepresentation.
- (w) Charging or collecting a clearly excessive fee. In determining if a fee is clearly excessive, the board shall consider the fee or range of fees customarily charged in the state for similar services in light of modifying factors such as the time required, the complexity of the service and the skill requisite to perform the service properly. This subdivision does not apply if there is a clear written contract for a fixed fee between the physician and the patient that has been entered into before the provision of service.
 - (x) Fetal experiments conducted in violation of section 36-2302.
- (y) The use of experimental forms of diagnosis and treatment without adequate informed patient consent, and without conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee as approved by the federal food and drug administration or its successor agency.
- (z) Engaging in sexual conduct with a current patient or with a former patient within six months after the last medical consultation unless the patient was the licensee's spouse at the time of the contact or, immediately preceding the physician-patient relationship, was in a dating or engagement relationship with the licensee. For the purposes of this subdivision, "sexual conduct" includes:
- (i) Engaging in or soliciting sexual relationships, whether consensual or nonconsensual.
- (ii) Making sexual advances, requesting sexual favors or engaging in any other verbal conduct or physical contact of a sexual nature with a patient.
- (iii) Intentionally viewing a completely or partially disrobed patient in the course of treatment if the viewing is not related to patient diagnosis or treatment under current practice standards.
- (aa). Procuring or attempting to procure a license to practice medicine or a license renewal by fraud, by misrepresentation or by knowingly taking advantage of the mistake of another person or an agency.
- (bb) Representing or holding oneself out as being a medical specialist when such is not the fact.
- (cc) Maintaining a professional connection with or lending one's name to enhance or continue the activities of an illegal practitioner of medicine.

- 6 -

- (dd) Failing to furnish information in a timely manner to the board or its investigators or representatives if legally requested by the board.
- (ee) Failing to allow properly authorized board personnel on demand to examine and have access to documents, reports and records maintained by the physician that relate to his THE PHYSICIAN'S medical practice or medically related activities.
- (ff) Knowingly failing to disclose to a patient on a form that is prescribed by the board and that is dated and signed by the patient or guardian acknowledging that the patient or guardian has read and understands that the doctor has a direct financial interest in a separate diagnostic or treatment agency or in non-routine goods or services that the patient is being prescribed and if the prescribed treatment, goods or services are available on a competitive basis. This subdivision does not apply to a referral by one doctor of medicine to another doctor of medicine within a group of doctors of medicine practicing together.
- (gg) Using chelation therapy in the treatment of arteriosclerosis or as any other form of therapy, with the exception of treatment of heavy metal poisoning, without:
 - (i) Adequate informed patient consent.
- (ii) Conforming to generally accepted experimental criteria, including protocols, detailed records, periodic analysis of results and periodic review by a medical peer review committee.
- (iii) Approval by the federal food and drug administration or its successor agency.
- (hh) Prescribing, dispensing or administering anabolic-androgenic steroids to a person for other than therapeutic purposes.
- (ii) Lack of or inappropriate direction, collaboration or direct supervision of a medical assistant or a licensed, certified or registered health care provider employed by, supervised by or assigned to the physician.
- (jj) Knowingly making a false or misleading statement to the board or on a form required by the board or in a written correspondence, including attachments, with the board.
- (kk) Failing to dispense drugs and devices in compliance with article 6 of this chapter.
- (11) Conduct that the board determines is gross negligence, repeated negligence or negligence resulting in harm to or the death of a patient.
- (mm) The representation by a doctor of medicine or the doctor's staff, employer or representative that the doctor is boarded or board certified if this is not true or the standing is not current or without supplying the full name of the specific agency, organization or entity granting this standing.
- (nn) Refusing to submit to a body fluid examination as required by the board pursuant to section 32-1452 or pursuant to a board investigation into a doctor of medicine's alleged substance abuse.

- 7 -

- (oo) Failing to report in writing to the board or the joint board any evidence that a doctor of medicine or a physician assistant is or may be medically incompetent, guilty of unprofessional conduct or mentally or physically unable to safely practice medicine or as a physician assistant.
- (pp) The failure of a physician who is the chief executive officer, the medical director or the medical chief of staff of a health care institution to report in writing to the board that the hospital privileges of a doctor of medicine have been denied, revoked, suspended, supervised or limited because of actions by the doctor that appear to show that the doctor is or may be medically incompetent, is or may be guilty of unprofessional conduct or is or may be unable to engage safely in the practice of medicine.
- (qq) Representing oneself to be a current member of the board, its staff or a board medical consultant if this is not true.
- (rr) Failing to make patient medical records in the physician's possession promptly available to a physician assistant, a nurse practitioner, a person licensed pursuant to this chapter or a podiatrist, chiropractor, naturopathic physician, osteopathic physician or homeopathic physician licensed under chapter 7, 8, 14, 17 or 29 of this title on receipt of proper authorization to do so from the patient, a minor patient's parent, the patient's legal guardian or the patient's authorized representative or failing to comply with title 12, chapter 13, article 7.1.
- (ss) Prescribing, dispensing or furnishing a prescription medication or a prescription-only device as defined in section 32-1901 to a person unless the licensee first conducts a physical examination of that person or has previously established a doctor-patient relationship. This subdivision does not apply to:
- (i) A physician who provides temporary patient supervision on behalf of the patient's regular treating licensed health care professional.
 - (ii) Emergency medical situations as defined in section 41-1831.
- (iii) Prescriptions written to prepare a patient for a medical examination.

Sec. 3. Repeal

Section 41-3002.21, Arizona Revised Statutes, is repealed.

Sec. 4. Title 41, chapter 27, article 2, Arizona Revised Statutes, is amended by adding section 41-3012.01, to read:

41-3012.01. Allopathic board of medical examiners; termination July 1, 2012

- A. THE ALLOPATHIC BOARD OF MEDICAL EXAMINERS TERMINATES ON JULY 1, 2012.
 - B. TITLE 32, CHAPTER 13 IS REPEALED ON JANUARY 1, 2013.

Sec. 5. Purpose

Pursuant to section 41-2955, subsection B, Arizona Revised Statutes, the legislature continues the allopathic board of medical examiners to promote the safe and professional practice of allopathic medicine.

- 8 -

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8

Sec. 6. Exemption from rule making

The allopathic board of medical examiners is exempt from the rule making provisions of title 41, chapter 6, Arizona Revised Statutes, for one year after the effective date of this act for the purpose of adopting rules to establish written guidelines to impose sanctions on licensees. The board must provide for reasonable notice and a hearing on the proposed new rules.

Sec. 7. Retroactivity

Sections 3 and 4 of this act are effective retroactively to July 1, 2002.

APPROVED BY THE GOVERNOR APRIL 17, 2002.

FILED IN THE OFFICE OF THE SECRETARY OF STATE APRIL 18, 2002.

Passed the House <u>January 24</u> , 2002,	Passed the Senate March 18, 20 03
by the following vote: 52 Ayes,	by the following vote: Ayes,
Nays, 6 Not Voting	Nays Not Voting
Speaker of the House	President of the Senate
Horman L. Moore Chief Clerk of the House	Chairing Billiufen Secretary of the Senate
	TMENT OF ARIZONA GOVERNOR
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EXECUTIVE DEPARTMENT OF ARIZONA OFFICE OF SECRETARY OF STATE

This Bill was received by the Secretary of State

this 18th day of April, 2002

H.B. 2043

at 2:22 o'clock PM.

**They Hayle Secretary of State*